



**USAID**  
FROM THE AMERICAN PEOPLE

**TB CARE I**

# **TB CARE I - Senegal**

**Year 3  
Quarterly Report  
October-December 2012**

**January 30, 2013**

## Quarterly Overview

<b>Reporting Country</b>	<b>Senegal</b>
<b>Lead Partner</b>	<b>The Union</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	30 01 2013
<b>From</b>	CAUCHOIX Bertrand
<b>To</b>	Antoinette Sullivan Health Officer, USAID/Senegal
<b>Reporting Period</b>	<b>October-December 2012</b>

<b>Technical Areas</b>	<b>% Completi</b>
4. PMDT	50%
<b>Overall work plan completion</b>	<b>50%</b>

### Most Significant Achievements

Dr. Bertrand Cauchoix, The Union's consultant, undertook the first TA mission to Senegal in December 2012. A number of meetings and visits were organized during this trip including:

- a meeting with the USAID and NTP staff
- a visit to the MDR management units in Dakar and Thies
- a meeting with the leaders of the MDR Committee
- a visit to the National Reference Laboratory and of the laboratory structures involved
- a meeting with FHI, NGO's and regional and district staff to discuss community-based management of TB and perspectives on MDR TB

The key issues discussed are indicated below. Kindly note that a detailed mission report is available.

- The MDR ambulatory support is a very important achievement of the NTP and the quality of this support is outstanding.
- Infection control aspects must be developed but this can be done on a pragmatic basis and does not appear to require a specialist in infection control.
- Since many techniques of diagnostic and screening have evolved, this will undoubtedly push to offer new complementary strategies different from what was proposed in the initial query to the round 10 (proposal).
- Full ambulatory outpatient support may not be totally feasible for outreach at the national level.
- Decentralization must take into account the involvement of all stakeholders (health post and community) and this requires a strong consolidation of the decentralization approach.

### Overall work plan implementation status

The work plan was approved in July 2012 however implementation began only in December 2012 to accommodate the NTP's schedule. Finally this first mission by The Union consultant took place at the same time as the NTP external review. It was not possible to establish a road map with the NTP given that they were very tied up with their external review. However, the following recommendations were made to the NTP:

- To schedule an expert laboratory mission before March with the aim of establishing the policies to expand the MDR TB diagnosis taking into account the latest technology (GeneXpert, LPA etc.).
- Identify the possibility of funding a workshop with TB CARE financial support for "scaling up MDR" AT strategy as further USAID funding is not available. The workshop would have to be developed in collaboration with the NTP and could take place during the lab consultancy mission.

---

#### **Technical and administrative challenges**

##### **-Support for patients:**

For the moment all the support is ambulatory with DOTS plus in the CDT (Center for Diagnosis and Treatment). It will be difficult at national level to rely only on this strategy. It will be necessary to provide opportunities for hospital accommodation and involvement of a community.

##### **-Screening of MDR suspects and biological monitoring**

Sputum control circuit should be organized. The role of regional laboratories should be set as well as the technologies to be used at the level of these laboratories. (M GIT, GeneXpert etc.)










##### **-Treatment**

Currently with the agreement of the Green Light Committee, the therapeutic plan in use is a plan of 24 months in strict health DOT. Reflections must be held on the possibility of using shorter plans.

#### **In-country Global Fund status and update**

The negotiation of the phase 2 of Round 10 will begin in March 2013. The MDR TB expansion plan included in the next strategic plan is an essential element for the negotiation of phase 2 of the Round 10.

## Quarterly Activity Plan Report

4. PMDT			Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR TB	4.1.1	Review the NTP strategy, MDR protocol and plan	The Union	25,239	 80%	Dec	 2012	The first mission took place as planned. This visit was combined with the NTP external review. However, specific working sessions with the NTP could not be conducted.
	4.1.2	Evaluate existing or needed infection control in MDR treatment facilities	The Union	29,265	 80%	Feb-Mar	 2013	The evaluation was done but without the support of an expert in Infection Control. Recommendations were made but it seems that it is not deemed necessary to have an evaluation in Infection Control. However, the IC aspects that are not respected should be officially flagged at the NTP level.
	4.1.3	Organize meetings with NTP and FHI staff and work on defined deliverables	The Union	22,048	 90%	Feb-Mar	 2013	Meetings were organized with the staff and if today the community is not implicated in MDR TB, the potential exists to engage the community as the other TB activities are well developed.
	4.1.4	Submit and present the documents to USAID Health Office and the NTP	The Union	8,818	 0%			This activity is for later phase of the project
	4.1.5	Project co-ordination	The Union	3,527	 0%			
					 50%			

Total Approved Staffing & Operations Budget	0
Grand Total Approved Project Budget	88,897

## Quarterly MDR-TB Report

Country	Senegal
---------	---------

Period	OCTOBER-DECEMBER 2012
--------	-----------------------

### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	42	12	There was a stock out of SLDs from January-September 2012
Total 2011	46	25	
Jan-Mar 2012		3	
Apr-Jun 2012			
Jul-Sep 2012			
Oct-Dec 2012		29	
Total 2012	35		

## TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	The Union	4.1.1	Dr. Cauchoix	Review the NTP strategy, MDR protocol and plan	December 2012	Completed	16 Dec	Visit of Lab expert recommended
2	The Union	4.1.2	Consultant	Evaluate existing or needed infection control in MDR treatment facilities	Ongoing			
3	The Union	4.1.2	Lab specialist	Evaluate existing or needed infection control in MDR treatment facilities				Armand Van Deun, Lab Union specialist is
Total number of visits conducted (cumulative for fiscal year)						1		
Total number of visits planned in workplan						3		
Percent of planned international consultant visits conducted						33%		